

A rectangular stamp with a double-line border. The word 'FEE' is at the top, and 'PAID' is at the bottom. A signature is written across the center of the stamp.

| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |

## INDEX OF CLAIMS

|                        |            |         |              |
|------------------------|------------|---------|--------------|
| ✓ .....                | Rejected   | N ..... | Non-elected  |
| = .....                | Allowed    | I ..... | Interference |
| — (Through numeral)... | Canceled   | A ..... | Appeal       |
| ÷ .....                | Restricted | O ..... | Objected     |

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1 ✓      |      |
| 2        |      |
| 3        |      |
| 4        |      |
| 5        |      |
| 6        |      |
| 7        |      |
| 8        |      |
| 9        |      |
| 10       |      |
| 11       |      |
| 12       |      |
| 13 ✓     |      |
| 14       |      |
| 15       |      |
| 16       |      |
| 17       |      |
| 18       |      |
| 19 ✓     |      |
| 20       |      |
| 21 ✓     |      |
| 22 ✓     |      |
| 23       |      |
| 24       |      |
| 25 ✓     |      |
| 26 ✓     |      |
| 27       |      |
| 28 ✓     |      |
| 29 ✓     |      |
| 30       |      |
| 31       |      |
| 32       |      |
| 33       |      |
| 34       |      |
| 35       |      |
| 36       |      |
| 37       |      |
| 38       |      |
| 39       |      |
| 40       |      |
| 41       |      |
| 42       |      |
| 43       |      |
| 44       |      |
| 45       |      |
| 46       |      |
| 47       |      |
| 48       |      |
| 49       |      |
| 50       |      |

| Claim             | Date |  |  |  |  |  |  |
|-------------------|------|--|--|--|--|--|--|
| Final<br>Original |      |  |  |  |  |  |  |
| 101               |      |  |  |  |  |  |  |
| 102               |      |  |  |  |  |  |  |
| 103               |      |  |  |  |  |  |  |
| 104               |      |  |  |  |  |  |  |
| 105               |      |  |  |  |  |  |  |
| 106               |      |  |  |  |  |  |  |
| 107               |      |  |  |  |  |  |  |
| 108               |      |  |  |  |  |  |  |
| 109               |      |  |  |  |  |  |  |
| 110               |      |  |  |  |  |  |  |
| 111               |      |  |  |  |  |  |  |
| 112               |      |  |  |  |  |  |  |
| 113               |      |  |  |  |  |  |  |
| 114               |      |  |  |  |  |  |  |
| 115               |      |  |  |  |  |  |  |
| 116               |      |  |  |  |  |  |  |
| 117               |      |  |  |  |  |  |  |
| 118               |      |  |  |  |  |  |  |
| 119               |      |  |  |  |  |  |  |
| 120               |      |  |  |  |  |  |  |
| 121               |      |  |  |  |  |  |  |
| 122               |      |  |  |  |  |  |  |
| 123               |      |  |  |  |  |  |  |
| 124               |      |  |  |  |  |  |  |
| 125               |      |  |  |  |  |  |  |
| 126               |      |  |  |  |  |  |  |
| 127               |      |  |  |  |  |  |  |
| 128               |      |  |  |  |  |  |  |
| 129               |      |  |  |  |  |  |  |
| 130               |      |  |  |  |  |  |  |
| 131               |      |  |  |  |  |  |  |
| 132               |      |  |  |  |  |  |  |
| 133               |      |  |  |  |  |  |  |
| 134               |      |  |  |  |  |  |  |
| 135               |      |  |  |  |  |  |  |
| 136               |      |  |  |  |  |  |  |
| 137               |      |  |  |  |  |  |  |
| 138               |      |  |  |  |  |  |  |
| 139               |      |  |  |  |  |  |  |
| 140               |      |  |  |  |  |  |  |
| 141               |      |  |  |  |  |  |  |
| 142               |      |  |  |  |  |  |  |
| 143               |      |  |  |  |  |  |  |
| 144               |      |  |  |  |  |  |  |
| 145               |      |  |  |  |  |  |  |
| 146               |      |  |  |  |  |  |  |
| 147               |      |  |  |  |  |  |  |
| 148               |      |  |  |  |  |  |  |
| 149               |      |  |  |  |  |  |  |
| 150               |      |  |  |  |  |  |  |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy